

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service, 10-12-01.
- b. The request was received on 3-20-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial TWCC 60
 1. Letter to Compliance & Practice dated 3-14-02.
 2. HCFA 1500s
 - b. There is no response to the request for additional documentation found in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 6-11-02. There is no Carrier initial or 14 day response to this medical fee dispute in the file.

III. PARTIES' POSITIONS

1. Requestor: Letter no date:

"We sent a Request for Reconsideration and it has been over 28 days of our submission...The carrier has failed to submit payment or denial to this facility and is thereby in violation of Sec. 408.027 (a)... Enclosed please find a copy of the letter sent to Texas Worker's Compensation Commission, Division of Compliance & Practice MS-11, regarding this dispute... They are over 45 days of receipt of our claims."
2. Respondent: No position statement.

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only (DOS) eligible for review is 10-12-01.
2. The amount billed per the TWCC-60 is \$253.00.

3. The amount paid by the Respondent per the TWCC-60 is \$-0-.
4. The amount in dispute per the TWCC-60 is \$253.00.
6. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

V. RATIONALE

Medical Review Division's rationale:

The Requestor has submitted a HCFA 1500 reflecting charges for CPT Codes 99204, 99080-73 and 72052-WP. The Requestor has also indicated in their position statement that the carrier has not provided a statement of denial. The Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed. As no denial codes were submitted by either party, the disputed services will be reviewed as an "F - Fee" denial.

However, when determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. Therefore, no additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 26th day of August 2002.

Lesia Lenart, RN
Medical Dispute Resolution Officer
Medical Review Division

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This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.